RJ REYNOLDS
TOBACCO COMPANY

S. R. MacLEOD
Region Operations Mgr

150 Lawrence Bell Drive
Suite #108
Williamsville, NY 14221
(716) 634-9232
Fax (716) 634-3145

March 13, 1996

RJR Account #305616
Seaway Distributors

DORAL .30¢ OFF 1 PACK (#600096) MARCH DISTRIBUTOR PROGRAM

We have ordered **5** SKUs of shipper displays (item #502910) for the above promotion. Product will arrive **March 25, 1996**.

As always, thanks for your assistance in the marketing of our products.

Sincerely,

Amy

A. McPartlan
Systems Coordinator
/am
cc: K. Myers

DPCLTDOR.DOC

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R8K

USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS

MARCH 1996 DPC FORM

Distributor Promotion Coverage

DORAL .30¢ Off 1-Pack / #600096

Please complete and return this form to the ROU by no later than:
~~April~~ 19, 1996
March

MGR's NAME ______________________

REGION ALLOCATION: 791 SKUs
ALLOCATION
(Item #502910)
PACKED 5 DISPLAYS / SKU

ROU: SEND(✓) ✓ DO NOT SEND(✓) ____
CUSTOMER LETTERS TO PARTICIPATING ACCOUNTS

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED DIRECT ACCOUNT(S):

Seaway Dist. 305616 5 6073-4434
In DIRECT ACCOUNT SIS # No./ SKUS (#502910)
PRODUCT ARRIVAL DATE: 3/25 N/A (MGR. FILL IN) 116.00

DORAL BRAND STYLES / NUMBER OF CASES NEEDED

FF 12M	FF Bx 6M	FF 100 12M	FF MN 6M	FFM 100 6M	LT 12M	LT Bx 6M	LT 100 12M	LT MN 6M	LTM 100 12M	ULT LT 6M	U LT 100 12M	NON-FIL 6M

Village Sweetshop 085024 ~~6~~5
In DIRECT ACCOUNT SIS # No./ SKUS (#502910) 6073-4442
PRODUCT ARRIVAL DATE: 3/25/96 (MGR. FILL IN) 116—

DORAL BRAND STYLES / NUMBER OF CASES NEEDED:

FF 12M	FF Bx 6M	FF 100 12M	FF MN 6M	FFM 100 6M	LT 12M	LT Bx 6M	LT 100 12M	LT MN 6M	LTM 100 12M	ULT LT 6M	U LT 100 12M	NON-FIL 6M

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY
1/96

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GHCP18RN1610XX TEMPORARY PAYMENT DETAIL REPORT 05/03/96

ACCOUNT NUMBER: 305616
VOUCHER NUMBER: 15308763
DATE WRITTEN: 05/03/96
STATUS: PAID
AMOUNT PAID: 323.00

SEAWAY DISTRIBUTORS
RR 2 BOX 378
OGDENSBURG , NY 13669
SEND CHECK TO: PAYEE

DESCRIPTION	UNITS	AMOUNT
DOR MAY $7 PAY	17.00	119.00
DOR MAY.30VPR DP	680.00	204.00

EXPLANATION: MARCH DORAL DPC / S.SHEFT

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MARCH

DISTRIBUTOR PROMOTION COVERAGE PAYMENTS VOUCHER REQUEST FORM

TO ROU: PLEASE REQUEST PAYMENT FOR THE FOLLOWING ACCOUNT

FROM: SNSHEFT, 162201
NAME DIV. AND/OR ASSIGN. #

DATE: 4-26-96

DPC PAYMENT FOR: MARCH DORAL .30¢ OFF 1-PACK / #600096

ACCOUNT SIS # 305616

ACCOUNT NAME: SEAWAY DISTRIBUTORS

SEND PAYMENT TO (X): ✓ ACCOUNT ____ MY ATTENTION

ASSEMBLY / DELIVERY PAYMENT:

#DISPLAYS		RATE PER DISPLAY		TOTAL ($)
17	x	$7.00	=	$119.00

VPR PAYMENT:
(DOR MAR PR RED')

#PACKS		RATE PER PACK		TOTAL ($)
680	x	$.30	=	$204.00

COMMENTS:

(MASTER FORM)
COMPLETE ONE FORM FOR EACH DIRECT ACCOUNT PAYMENT IS REQUESTED FOR
MAIL / FAX THIS FORM TO ROU NO LATER THAN APRIL 10TH
ATTN: JUDY

1/96

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